

Foster Family Home - Corrective Action Report

Provider ID: 2-150051

Home Name: Scott Stubbart, RN

16-1510 Pohaku Circle

Kea'au

HI 96749

Review ID: 2-150051-5

Reviewer: Carol Copeland

Begin Date: 8/8/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) Home inspection performed to re-certify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN
Compliance Manager

[Signature]
Primary Care Giver

8/23/19
Date

8-22-19
Date